

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
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John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

Existing Septic Tank Permitting Procedures

July 16, 2013

The following information must be provided by the applicant:

If a bedroom is not being added to a single family dwelling then an existing system and repair evaluation of the septic system (pump-out of the septic tank) will not be required. All of the remaining paperwork listed below must be submitted with the application.

- A completed Onsite Sewage Treatment and Disposal System (OSTDS) application. An address and folio/property ID# are required. Under the building information section enter the existing building information on line 1 and the proposed building information on line 2.
- A Site Plan. A survey or plan of the property that is drawn to scale and shows the following features on or within 75 ft. of the property;
 - Property lines with dimensions labeled in feet, easements, all building locations, waterlines, private potable and irrigation wells, existing septic system location and configuration drawn to scale, driveways, sidewalks, swimming pools, ditches, swales, surface water bodies, obstructed area, parking areas, decks, patios, and if present any slope of the property. Any public drinking water well within 200 ft. of the applicant's property must be shown.
- If a permanent non-tidal surface water body exists on or within 75 feet of the applicant's property then a Mean Annual Flood Line must be determined. The applicant may request that the Department of Health delineate the surface water boundary by completing the Non-Tidally Influenced Surface Water Boundary Determination Form or they may contract with a certified professional surveyor and mapper. Contact our office if the surface water body is tidally influenced.
- Complete the site plan information sheet.
- A floor plan. For residences, a floor plan to scale showing the change or addition with all rooms labeled and the square footage of the building area. If not to scale show all rooms and outside dimensions labeled along with the square footage of the building area. For non-residential establishments, a floor plan to scale showing the total square footage, plumbing drains and fixture types, and any other information that we need to determine composition and quantity of wastewater.
- An Existing System and System Repair Evaluation. To be completed by a Florida Registered Engineer, Septic Tank Contractor, Licensed Plumber or other certified person. If the septic system has been inspected or installed within the last five years, the Department of Health may have the information on file. If this information is on file you may be able to eliminate this part of the requirement.
- A Letter of Authorization if the applicant's agent is not a licensed septic tank contractor or a contractor licensed in accordance with Chapter 489 Florida Statute.
- A \$35.00 fee.

In many situations the septic system will need to be upgraded or may need to be brought into full compliance with current rule requirements. This could be due to the addition of building area, an increase in the sewage flow, a change in sewage characteristics, or other requirements of Florida Administrative Code 64E-6.

Florida Department of Health – Hillsborough County

Division of Environmental Health

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL
SYSTEM
APPLICATION FOR CONSTRUCTION PERMIT

PERMIT NO. _____
DATE PAID: _____
FEE PAID: _____
RECEIPT #: _____

APPLICATION FOR:

[] New System [] Existing System [] Holding Tank [] Innovative
[] Repair [] Abandonment [] Temporary [] _____

APPLICANT: _____

AGENT: _____ TELEPHONE: _____

MAILING ADDRESS: _____

=====

TO BE COMPLETED BY APPLICANT OR APPLICANT'S AUTHORIZED AGENT. SYSTEMS MUST BE CONSTRUCTED BY A PERSON LICENSED PURSUANT TO 489.105(3)(m) OR 489.552, FLORIDA STATUTES. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE DOCUMENTATION OF THE DATE THE LOT WAS CREATED OR PLATTED (MM/DD/YY) IF REQUESTING CONSIDERATION OF STATUTORY GRANDFATHER PROVISIONS.

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PROPERTY INFORMATION

LOT: _____ BLOCK: _____ SUBDIVISION: _____ PLATTED: _____

PROPERTY ID #: _____ ZONING: _____ I/M OR EQUIVALENT: [Y / N]

PROPERTY SIZE: _____ ACRES WATER SUPPLY: [] PRIVATE PUBLIC [] <=2000GPD [] >2000GPD

IS SEWER AVAILABLE AS PER 381.0065, FS? [Y / N] DISTANCE TO SEWER: _____ FT

PROPERTY ADDRESS: _____

DIRECTIONS TO PROPERTY: _____

BUILDING INFORMATION

[] RESIDENTIAL

[] COMMERCIAL

Unit No	Type of Establishment	No. of Bedrooms	Building Area Sqft	Commercial/Institutional System Design Table 1, Chapter 64E-6, FAC
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

[] Floor/Equipment Drains [] Other (Specify) _____

SIGNATURE: _____ DATE: _____

APPLICANT: Property owner's full name.
AGENT: Property owner's legally authorized representative.
TELEPHONE: Telephone number for applicant or agent.
MAILING ADDRESS: P.O. box or street, city, state and zip code mailing address for applicant or agent.

LOT, BLOCK, SUBDIVISION: Lot, block, and subdivision for lot (recorded or unrecorded subdivision). If lot is not in a recorded subdivision, a copy of the lot legal description or deed must be attached.

DATE OF SUBDIVISION: Official date of subdivision recorded in county plat books (month/day/year) or date lot originally recorded. Dividing an approved lot into two or more parcels for the purpose of conveying ownership shall be considered a subdivision of the lot.

PROPERTY ID#: 27 character number for property. CHD may require property appraiser ID # or section/township/range/parcel number.

ZONING: Specify zoning and whether or not property is in I/M zoning or equivalent usage.

PROPERTY SIZE: Net usable area of property in acres (square footage divided by 43,560 square feet) exclusive of all paved areas and prepared road beds within public rights-of way or easements and exclusive of streams, lakes, normally wet drainage ditches, marshes, or other such bodies of water. Contiguous unpaved and non-compacted road rights-of-way and easements with no subsurface obstructions may be included in calculating lot area.

WATER SUPPLY: Check private or public <= 2000 gallons per day or public > 2000 gallons per day.

SEWER AVAILABILITY: Is sewer available as per 381.0065, Florida Statutes, and distance to sewer in feet.

PROPERTY ADDRESS: Street address for property. For lots without an assigned street address, indicate street or road and locale in county.

DIRECTIONS: Provide detailed instructions to lot or attach an area map showing lot location.

BUILDING INFORMATION: Check residential or commercial.
TYPE ESTABLISHMENT: List type of establishment from Table II, Chapter 64E-6, FAC. Examples: single family, single wide mobile home, restaurant, doctor's office.

NO. BEDROOMS: Count all rooms designed primarily for sleeping and those areas expected to routinely provide sleeping accommodations for occupants.

BUILDING AREA: Total square footage of enclosed habitable area of dwelling unit, excluding garage, carport, exterior storage shed, or open or fully screened patios or decks. Based on outside measurements for each story of structure.

BUSINESS ACTIVITY: For commercial/institutional applications only. List number of employees, shifts, and hours of operation, or other information required by Table II, Chapter 64E-6, FAC.

FIXTURES: Mark Floor/Equipment Drains or Others and specify item or "NA" if not applicable.

SIGNATURE / DATE: Signature of applicant or agent. Date application submitted to the CHD with appropriate fees and attachments.

ATTACHMENTS: A site plan drawn to scale, showing boundaries with dimensions, locations of residences or buildings, swimming pools, recorded easements, onsite sewage disposal system components and location, slope of property, any existing or proposed wells, drainage features, filled areas, obstructed areas, and surface water. Location of wells, onsite sewage disposal systems, surface waters, and other pertinent facilities or features on adjacent property, if the features are within 75 feet of the applicant lot. Location of any public well within 200 feet of lot. For residences, a floor plan (residences) showing number of bedrooms and building area of each unit. For nonresidential establishments, a floor plan showing the square footage of the establishment, all plumbing drains and fixture types, and other features necessary to determine composition and quantity of wastewater.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
ONSITE SEWAGE TREATMENT AND DISPOSAL SYSTEM
EXISTING SYSTEM AND SYSTEM REPAIR EVALUATION

PERMIT # _____

APPLICANT: _____

CONTRACTOR / AGENT: _____

LOT: _____ BLOCK: _____ SUBDIV: _____ ID#: _____

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TO BE COMPLETED BY FLORIDA REGISTERED ENGINEER, DEPARTMENT EMPLOYEE, SEPTIC TANK CONTRACTOR OR OTHER CERTIFIED PERSON. SIGN AND SEAL ALL SUBMITTED DOCUMENTS. COMPLETE ALL APPLICABLE ITEMS. COMPLETE TANK CERTIFICATION BELOW OR NOTE IN REMARKS WHY THE TANKS CANNOT BE CERTIFIED.

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EXISTING TANK INFORMATION

[] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [Y / N]
[] GALLONS SEPTIC TANK/GPD ATU LEGEND: _____ MATERIAL: _____ BAFFLED: [Y / N]
[] GALLONS GREASE INTERCEPTOR LEGEND: _____ MATERIAL: _____
[] GALLONS DOSING TANK LEGEND: _____ MATERIAL: _____ # PUMPS: []

=====

I CERTIFY THAT THE LISTED TANKS WERE PUMPED ON ____ / ____ / ____ BY _____, HAVE THE VOLUMES SPECIFIED AS DETERMINED BY [DIMENSIONS / FILLING / LEGEND], ARE FREE OF OBSERVABLE DEFECTS OR LEAKS, AND HAVE A [SOLIDS DEFLECTION DEVICE / OUTLET FILTER DEVICE] INSTALLED.

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SIGNATURE OF LICENSED CONTRACTOR	BUSINESS NAME	DATE
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EXISTING DRAINFIELD INFORMATION

[] SQUARE FEET PRIMARY DRAINFIELD SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
[] SQUARE FEET _____ SYSTEM NO. OF TRENCHES [] DIMENSIONS: _____ X _____
TYPE OF SYSTEM: [] STANDARD [] FILLED [] MOUND [] _____
CONFIGURATION: [] TRENCH [] BED [] _____
DESIGN: [] HEADER [] D-BOX [] GRAVITY SYSTEM [] DOSED SYSTEM
ELEVATION OF BOTTOM OF DRAINFIELD IN RELATION TO EXISTING GRADE _____ INCHES [ABOVE / BELOW]

SYSTEM FAILURE AND REPAIR INFORMATION

[] SYSTEM INSTALLATION DATE TYPE OF WASTE [] DOMESTIC [] COMMERCIAL
[] GPD ESTIMATED SEWAGE FLOW BASED ON [] METERED WATER [] TABLE 1, 64E-6, FAC

SITE [] DRAINAGE STRUCTURES [] POOL [] PATIO / DECK [] PARKING
CONDITIONS: [] SLOPING PROPERTY [] _____

NATURE OF [] HYDRAULIC OVERLOAD [] SOILS [] MAINTENANCE [] SYSTEM DAMAGE
FAILURE: [] DRAINAGE / RUN OFF [] ROOTS [] WATER TABLE [] _____

FAILURE [] SEWAGE ON GROUND [] TANK [] D BOX/HEADER [] DRAINFIELD
SYMPTOM: [] PLUMBING BACKUP [] _____

REMARKS/ADDITIONAL CRITERIA _____

SUBMITTED BY: _____ TITLE/LICENSE _____ DATE: _____

DH 4015, 08/09 (Obsoletes previous editions which may not be used)
Incorporated 64E-6.001, FAC

INSTRUCTIONS: PERMIT #	Permit tracking number assigned by department
APPLICANT	Property owner's full name
CONTRACTOR/AGENT	Licensed contractor or property owner's legal agent
LOT,BLOCK,SUBDIVISION	Legal description for property
ID #	Property appraiser identification number for property
EXISTING TANK TANK 1	Complete tank size in gallons or gpd and mark appropriately. Complete LEGEND (SHO approval number), MATERIAL (concrete, fiberglass, polyethylene) and whether or not tank in BAFFLED.
TANK 2	Same as TANK 1.
GREASE INTERCEPTOR	Same as TANK 1.
DOSING TANK	Same as TANK 1. Complete # PUMPS installed.
TANK CERTIFICATION	Completed by registered septic tank contractor, state-licensed plumber, certified EH professional, or master septic tank contractor. Show the date the tanks were pumped, the name of the pumping company, how the tank volumes were determined (measurement of tank dimensions and calculation of volume, filling the tank from a metered water source, or recording the tank legend for known tanks). If tank dimensions are used, list the tank dimensions in the remarks section. Indicate whether the tank has a solids deflection device or an outletlet filter. If the tanks cannot be certified, note that fact in the remarks section.
EXISTING DRAINFIELD FIELD 1	Complete size of drainfield in square feet, NO. OF TRENCHES (if applicable) and DIMENSION (bed width and length or trench width and total length of trenches).
FIELD 2	Same as FIELD 1
TYPE OF SYSTEM	Mark appropriate block
CONFIGURATION	Mark appropriate block
DESIGN	Mark appropriate blocks
ELEVATION	Record elevation of lowest point of bottom of drainfield in reference to natural grade
FAILURE / REPAIR INFORMATION INSTALLATION DATE	Record year of original system installation
TYPE OF WASTE	Mark appropriate block
GPD	Provide estimated sewage flow to system based on metered water flow data (if available) or Table 1, whichever is greater.
SITE CONDITIONS	Mark all applicable blocks. Record any other significant conditions.
NATURE OF FAILURE	Mark all applicable blocks.
FAILURE SYMPTOM	Mark all applicable blocks.
REMARKS	Record any other significant criteria that may impact system design. If dimensions are used to determine tank volumes, list the tank dimensions in the remarks section. If the tanks cannot be certified as free of observable defects or leaks, explain in remarks.
SUBMITTED BY	Signature of person performing evaluation
TITLE/LICENSE	Title of department person or license number of other evaluators.
DATE	Date of evaluation.

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Onsite Sewage Treatment and Disposal System Application for Construction Permit

Site Plan Information

1. Is there any slope to your lot? No. _____ Yes _____
2. Are there any **existing** or **proposed** Public wells on or within 200 feet of your lot?
(A public well is any well which is used for anything other than a single family home.)
No _____ Yes _____
3. Is there a **Proposed well** or an **Existing well** on or within 75 feet of your lot?
No _____ Yes _____
4. Are there any **lakes, streams, wetlands, canals, designed wet retention areas, or standing bodies of water** on or within 75 feet of your lot?
No _____ Yes _____
5. Are there any **easements** (Roads, pipe lines, underground utilities) on your property?
No _____ Yes _____
6. Are there any **drainage features** (i.e. ditches, swales, drainage retention areas, etc.) on or within 15 feet of your lot?
No _____ Yes _____
7. Are there **any existing or proposed septic systems** on or within 75 feet of your property? (i.e. your neighbor's septic system, are vacant lots already permitted?) **Note: If a well is installed within 75 feet of an adjacent parcel septic, the well may have to be abandoned and another well drilled at the owner's expense.**
No _____ Yes _____

*If you answered **YES** to any of the above questions, **please draw and locate on your site plan.**

8. Is the lot accessible (i.e. locked gate, dogs, etc.), cleared of vegetation (mowed), and flagged?
No _____ Yes _____

Note: It is the responsibility of the applicant/agent to ensure the submission of accurate information and site plans to the department. If the site plan submitted or actual field observations do not agree with the information provided, permit can be voided and you may be required to resubmit application.

Site Plan Submitted By: Printed Name: _____

Signature: _____

Title: _____ Date: _____

Florida Department of Health – Hillsborough County

Division of Environmental Health
P.O. Box 5135
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Vision: To be the Healthiest State in the Nation**LETTER OF AUTHORIZATION**

I _____ authorize _____ to act as my agent for the permitting of an Onsite Sewage Treatment and Disposal System with the Florida Department of Health- Hillsborough County.

Signature of Applicant

Date

Florida Department of Health – Hillsborough County

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OSTDS Permit # _____

Non-Tidally Influenced Surface Water Boundary Determination

In place of a certified professional surveyor and mapper, you have requested the _____ County Health Department (CHD) to determine and draw on your site plan the location of the Mean Annual Flood Line for the Permanent Non-Tidal Surface Water Body (PNTSWB) located on your property. Please note that CHD staff are not surveyors and as such will be determining the net area of your surface water by an Alternate Surface Water Boundary (ASWB) determination, a line landward of the actual MAFL. While this provides a simpler and less costly alternative, it will not be as accurate as a determination by a surveyor.

Please note your property lines must be clearly marked for the CHD to accurately determine the specific location of the PNTSWB on the property, so it may later be drawn on the submitted site plan. The CHD will identify the location (elevation) of the field verification indicators for the MAFL utilizing the criteria set forth in 381.0065(2) (i), F.S.

After making this determination, the CHD will delineate on your site plan an estimated area from your property to be considered as the surface water area. This area will be larger than the actual surface water body that is on your property. It will be considered when calculating the authorized sewage flow for your property and will result in a slightly lower authorized sewage flow for the property.

Based on the complete application submitted, along with the CHD delineated ASWB; placed on the site plan by the CHD, the CHD will determine if a permit can be issued. If all statute and rule requirements are met, as well as surface water setbacks, and the delineated area meets the authorized sewage flow, then a permit may be issued. If the lot size or the authorized sewage flow cannot be met, then the CHD will inform you of your option to obtain the services of a certified professional surveyor and mapper. Final permit determination would be made once the certified professional surveyor and mapper has delineated the MAFL and the MAFL has been drawn onto the site plan.

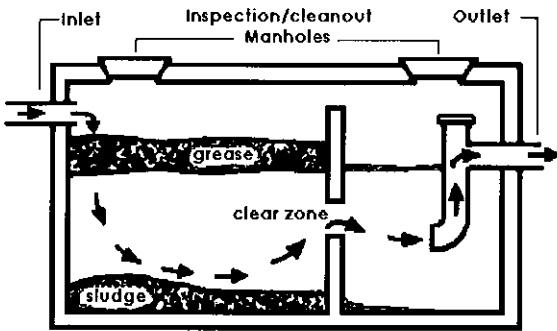
I acknowledge the CHD has explained the process that will be used to determine the ASWB, and that I request the CHD to perform the determination of the ASWB in place of the actual mean annual flood line.

Applicant or Property Owner Signature

Date

Information only. Keep this for reference.

The Septic Tank Home Wastewater Treatment and Disposal System



What is A Septic Tank System?

A septic tank system consists of a large, watertight tank that receives wastewater from the home plumbing system. The tank is followed by an underground drainfield consisting of a network of perforated pipe or chambers for distributing partially treated water from the septic tank to the soil for final treatment and disposal.

How Does It Work?

Septic tanks contain bacteria that grow best in oxygen-poor conditions. These bacteria carry out a portion of the treatment process by converting most solids into liquids and gases. Bacteria that require oxygen thrive in the drainfield and complete the treatment process begun in the septic tank. If the septic tank is working well, the wastewater which flows out of the tank is relatively clear, although it still has an odor and may carry disease organisms. It should flow only into the drainfield. **NEVER ONTO THE GROUND SURFACE OR INTO FLORIDA WATERS!!!**

Location

Contaminants can travel long distances in some soils. Therefore, drinking water wells should be located at least 75 feet from any part of a septic tank system. With certain exceptions, septic tanks and drainfields must be located at least 75 feet away from the high water line of ponds, rivers and lakes. Also, the drainfield should be located so that it will not be saturated by surface water drainage or runoff from roof gutters.

Quick Do's and Don'ts

Do's

- Know the location and capacity of your septic tank system.
- Have a licensed contractor inspect the tank at least every three years.
- Install the system so that rainfall and surface water will flow away from the drainfield.
- Grow grass above the system.
- Install water conservation fixtures or devices to reduce the total volume of water entering the system.
- Keep plumbing fixtures such as toilets and faucets in good repair to prevent leakage and wasting of water.

Don'ts

- Never flush paper towels, newspapers, wrapping paper, rags or sticks into the system.
 - Quickly repair leaky faucets toilets to avoid overloading the system.
 - Never over-use ordinary household cleaning chemicals that will be flushed into the system.
 - Never allow grease or other bulky waste to enter the system.
 - Never allow harsh chemicals such as solvents, industry chemicals, or pesticides to be flushed into the system.
- Never plant trees or shrubbery in the drainfield , or allow vehicles drive or park across the drainfield.